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Reviewed Article

Consumers' Satisfaction: An Indicator of Healthcare Quality

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Abstract

Patient satisfaction with nursing care is a vital indicator of healthcare quality and outcomes. This review explores the multifaceted dimensions influencing patient satisfaction and their implications for nursing care. The review is grounded in the recognition that patients' perceived satisfaction directly correlates with the extent to which their healthcare expectations are met. Through an extensive review of relevant literature, this article delves into the determinants of patient satisfaction, including patients' demographics, nurses' communication skills, and facility-related factors. By identifying these factors, the paper aims to contribute to the enhancement of nursing care strategies that prioritize patient-centered communication and personalized care delivery. The review underscores the critical role of nurses in establishing rapport, empathy, and effective communication, thereby shaping patients' overall healthcare experience. The findings advocate for continuous efforts to enhance patient-centered care delivery to achieve higher levels of patient satisfaction and improved healthcare outcomes.

Keywords: Patient, Satisfaction, Expectation, Healthcare, Quality

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Introduction

The satisfaction of patients with nursing care is commonly understood as the extent to which their intended expectations, objectives, and preferences are fulfilled via their interactions with healthcare professionals, namely nurses, and the care they get. According to Alsaqri (2016), a crucial aspect of nursing care's competitive advantage is in its ability to provide high-quality care to patients. The demand for enhanced nursing care that aligns with patient expectations has been recognized as a result of advancements in health-related information and technology, evolving perspectives and expectations

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regarding nursing care, greater individual engagement in health-related matters, and heightened cost and competition within the healthcare industry (Freitas, et al., 2014).

The review noted a decrease in the utilization of hospital services, instances of nurse bullying, and unfavorable attitudes towards nurses and nursing care, all of which were attributed to patients' perceived satisfaction levels. In a study conducted by Gishu et al. (2019), it was found that negative perceptions and dissatisfaction with nursing care, along with concerns about safety due to malpractice, contribute to the poor health-seeking behavior of individuals residing in rural areas. Furthermore, these factors also contribute to negative attitudes and behaviors towards nurses, as well as other healthcare professionals such as doctors, chemists, and social workers.

Enhancing the perceived level of patient happiness and fostering a culture of exceptional client care inside hospitals relies heavily on identifying the intangible elements of patients' expectations that contribute to their satisfaction (Riley, et al., 2014). During the researcher's observational period at a general hospital in Ondo State, it was seen that a significant number of patients experienced mortality as a result of delayed health-seeking behavior. Additionally, a considerable proportion of patients who presented themselves at the general hospital had already resorted to self-medication using over-the-counter pharmaceuticals. A considerable number of individuals seek medical attention at hospitals only after their condition has escalated beyond the point where immediate intervention is necessary. This trend is accompanied by a decrease in the utilization of general hospitals, sometimes attributed to personal preferences or aversions towards such facilities.

The evaluation of patients' perceptions of the care and treatment they get is a crucial step in enhancing the quality of healthcare. This process aids in determining if health services effectively address patients' requirements and contributes to overall improvement in patient care. Additionally, it may be beneficial to ascertain any obstacles that might impede the provision of services (Al Qahtani & Al Dahi, 2015). According to Zendijidanjidan et al. (2014), it is crucial to comprehend the factors that influence satisfaction in order to design interventions that are efficient in enhancing patients' satisfaction. This, in turn, has the potential to enhance many health-related outcomes and decrease the likelihood of re-hospitalization. Despite the presence of occasional inconsistencies in the results of these studies, there is a prevailing consensus that satisfaction is influenced by factors that can be classified as either endogenous (pertaining to the structure, process, and outcome of care) or exogenous (related to patients' characteristics) with regard to the nursing care being provided.

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The identification of nursing care as a crucial factor in determining patients' satisfaction has been established. The nurse establishes a genuine and amicable rapport with the patient in order to address their perceived needs, which include fulfilling their requirements and facilitating the patient's achievement of optimal self-efficacy. To effectively do this task, the nurse must exhibit responsiveness, empathy, the provision of emotional support, and the ability to monitor and comprehend both verbal and nonverbal cues exhibited by the patients. The amount of patient satisfaction may be influenced by the nurse's psychological and emotional attentiveness to the patients and their needs, as well as their ability to discern when therapeutic contact is appropriate and essential.

According to Joshi et al. (2013), nursing care is considered a crucial element of the caring process and is regarded as a fundamental human characteristic aimed at achieving positive outcomes. Similarly, Usha (2019) posited that caring serves as the ethical foundation of the nursing profession (Blasdell, 2017). The contemporary field of nursing is increasingly acknowledging the significance of patient perception and satisfaction in the delivery of nursing care. The effectiveness of nursing practice is contingent upon the global implementation of effective measures to address patients' happiness, as highlighted by Kraska et al. (2016).

The variation in the perceived effectiveness of nursing interventions between patients and nurses, who administer fundamental care in the hospital, might account for this discrepancy (Ezegwui, et al., 2017). Nurses frequently allocate a significant portion of their time to the management of patient complaints and the treatment of non-adherent patients. These variables have the potential to diminish nurses' productivity, hence exerting a detrimental influence on the overall efficiency of the healthcare system. According to Stamatia et al. (2013), patients who experience satisfaction are more manageable and provide more rewards for healthcare providers. This is due to their reduced need for nursing time and increased adherence to medication and follow-up care. According to Iliyasu et al. (2018), recent research has indicated that several patient attributes, including age, health condition, and education, may have an impact on patients' reported happiness.

In a cross-sectional study conducted by Schaal et al. (2016), a correlation was observed between patient satisfaction or willingness to return to their pre-hospitalization health condition, as well as their perceived length of stay. However, the study found no significant influence of patients' gender or perceived length of stay on these outcomes. Mensa et al. (2017) conducted research with 323 participants and identified many factors that contributed to low satisfaction among patients. These factors included the quantity

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and kind of information offered to patients, nurses' level of knowledge of patient demands, and the maintenance of patient privacy. A cross-sectional research was undertaken in Turkey to evaluate the level of patient satisfaction. The study demonstrated that variables such as ward type, gender, wealth, and education exerted independent influences on individuals' satisfaction with nursing care.

Patient satisfaction refers to the subjective evaluation made by patients on the quality of care received, in relation to their pre-conceived expectations of care provided by nurses. The concept incorporates several dimensions, including social, technological, and professional concerns, pertaining to both the care giver and the care receiver. Additionally, it functions as a significant metric for evaluating the quality of healthcare and plays a crucial role in the assessment and strategic development of healthcare services (Lyngkhoi & Brindha, 2015). Patient satisfaction and nursing care have a favorable lik, therefore establishing the former as a significant indicator of superior healthcare quality. The study conducted by Thomas et al. (2018) aimed to explore strategies for enhancing patient satisfaction through the implementation of multimodal nursing practices. Data was collected through the use of two measures, which encompassed patient satisfaction and nursing techniques. The outcomes of the study indicated that several elements contributed to the enhancement of patients' satisfaction with nursing care.

Patient satisfaction is an important criterion for the evaluation of the quality of services rendered. It provides important resources for processes such as those involved in the measurement of patient expectations and satisfaction with care quality, improvement of healthcare quality through identification of areas of failure, strategic planning, and implementing the necessary training. Quality nursing care as corroborated by NHS (2020) includes patient experience, safety, and clinical effectiveness; and is a key marker of operational performance. Today, there are various complaints from consumers of health about the healthcare services in our various health institutions in Nigeria. However, a lot of studies have been carried out in that regard which necessitate continuous appraisal to improve the situation and make patients derive the joy of having contact with the healthcare giver.

According to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO, 2011) and the Patients' Bill of Rights, patients have a right to quality care and information regarding their care. Many health organizations and institutions are striving to achieve high-quality services, so as to attract more consumers. Patients would like to go to institutions that provide nursing care that is holistic and patient-centered. Nursing care makes up a bigger portion of all health services in health organizations; therefore,

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exploring patients' perceptions and expectations is crucial in identifying areas of patients' satisfaction and dissatisfaction. The findings advocate for continuous efforts to enhance patient-centered care delivery to achieve higher levels of patient satisfaction and improved healthcare outcomes.

Generally, the aim is to review some of the studies that have been done on patients' satisfaction to identify common factors responsible for patients' satisfaction or dissatisfaction. In the identification of these factors, the study aims to contribute to the enhancement of nursing care strategies that prioritize patient-centered communication and personalized care delivery.

Methodology

The study was done through an extensive review of relevant literature, this study delves into the determinants of patient satisfaction, including patients' demographics, nurses' communication skills, and facility-related factors. The study underscores the critical role of nurses in establishing rapport, empathy, and effective communication, thereby shaping patients' overall healthcare experience.

Consumers' Satisfaction

Consumer satisfaction is the key factor driving when the performance of a product or service exceeds expectations. Satisfaction is the post-purchase state of a consumer's mind that mirrors how much the consumer likes or dislikes the service after experiencing it (Prasanna et al., 2009).

In the literature, there are two conceptualizations of consumer satisfaction.

(a) Transaction-specific satisfaction, and
(b) Cumulative satisfaction (Prasanna et al. 2009).

The former relates to the one that results from a single purchase of a product or service and its use while the latter relates to the overall satisfaction with a product or service after several purchases and their experience over time, which leads to consumer loyalty.
Another definition states that consumer satisfaction is a consumer's response to the evaluation of the perceived discrepancy between prior expectations and the actual performance of a product or service after consumption (Tse and Peter, 1988). Consumer satisfaction may serve as a guide for monitoring and improving the current and potential performance of businesses (Prasanna et al., 2009), leading to customer loyalty, recommendations, and repeat purchases (Wilson et al., 2008).

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Why is Patient' Satisfaction Important in the Health Care?

Customer satisfaction measures what people think or feel about the services they provide. Patient satisfaction is an important and commonly used indicator for measuring the quality of health care. This affects clinical outcomes, patient retention, and medical malpractice claims. Also affects the timely, efficient, and patient-centered delivery of quality health care (Vanessa, Villarruz-Sulit, Antonio, Anthony, & Javelosa 2009).

Patient Perceptions versus Patient Satisfaction

The terms' perceptions and satisfaction have often been used interchangeably and can lead to considerable conceptual confusion. Satisfaction is an example of perception, but it is by no means the only example. Satisfaction can be defined as fulfilling one's expectations, needs, or desires. In their comprehensive review of the literature on patient satisfaction. Crow et al. (2002) stated that two conclusions follow from this definition:

(a) Satisfaction does not imply superior service, only adequate or acceptable service; and
(b) Satisfaction is a relative concept; therefore, what satisfies one person may dissatisfy the other. Although satisfaction is not the only form of patient assessment of care, it and its correlates are predominant in quality care assessment studies (Mohiuddin, 2020).

Most reviews of the literature have been critical of its use since there is rarely any theoretical or conceptual development of patient satisfaction, little standardization, low reliability, and uncertain validity of measures. Crow identified three bases for the conceptual development of patient satisfaction and its measurement:

i. Expectation theories;
ii. Evaluations of health services attributes; and
iii. Economics, in particular, utility and forth possibility.
iv. A holistic approach that incorporates a wide range of determinants of satisfaction and emphasizes feedback loops between expectations and experiences (Crow, et al., 2002; Sofaer, S. (2009)

Expectation Theories

The expectancy-value theory of Linder-Pelz (1982) postulates that satisfaction is mediated by personal beliefs and values about care, as well as prior expectations about care. Linder-Pelz identified the important relationship between expectations and variance in satisfaction ratings and offered an operational definition for patient satisfaction as "positive evaluations of distinct dimensions of healthcare. It was developed by Pascoe (1983) to consider the influence of expectations on satisfaction and was further developed by Strasser et al. (1993).

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Health Service Attributes

Many studies of satisfaction have subdivided their measures (or items) according to Donabedian's classic differentiation of structure, process, and outcome.

- Structure: refers to the physical and organizational resources available, including facilities, equipment, staffing levels, and qualifications of healthcare providers.
- Process**:** focuses on the actual delivery of healthcare services, including the methods, procedures, and interactions between healthcare providers and patients.
- Specific attributes include responsiveness, friendliness, empathy, courtesy, competence, and availability.
- Outcome: Related measures or items ask about the patient's perception of the results of the process, including symptom reduction or resolution, improvement in functioning, or resolution of underlying problems (Berwick & Fox, 2016).

Donabedian attempted to subdivide the criteria for assessing healthcare quality. His categorization has been very useful for various kinds of health professionals, but there is no reason to think it would be particularly useful to help us understand the dimensionality of patients' experiences of health care or to serve as the most useful framework for organizing the wide array of criteria that may be used in judging health care quality (Berwick et al., 2016).

Economics

In economic terms, satisfaction is defined as the utility of a product or service that a person purchases for its utility-generating attributes. As in expectation theories, satisfaction depends on the difference between the experience of the actual utility and the utility expected by the consumer. Different consumers have different preferences, and therefore, purchase different products based on a variety of characteristics. Most consumers work within limited budgets and make trade-offs based on their priorities, although they may not consciously do so.

Summary of Theories of Patient Satisfaction in Healthcare

Major patient satisfaction theories were published in the 1980s, with more recent theories being large "restatements" (Hawthorne, et al, 2014). Five key theories were identified.

(1). Discrepancy and transgression theories of Fox and Storms (1981) advocated that, as patients' healthcare orientations differed and provider conditions of care differed, they were dissatisfied if orientations and conditions were congruent.

(2). Expectation Theories

(3). The determinants and components theory of Ware et al. (2013) propounded that patient satisfaction was a function of patients' subjective responses to experienced care mediated by their personal preferences and expectations.

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(4). The multiple model theory of Fitzpatrick, R. (2013) argued that expectations were socially mediated, reflecting the health goals of the patient and the extent to which illness and healthcare violated the patient's personal sense of self.

(5) The healthcare quality theory of Donabedian (2005): proposed that satisfaction is the principal outcome of the interpersonal care process. He argued that the expression of satisfaction or dissatisfaction is the patient's judgment of the quality of care in all its aspects, particularly in relation to the interpersonal component of care.

Literature review

In recent years, many studies have been developed to get to know how hospitalized patients perceive the care received

Nevertheless, few studies have demonstrated the relationship between quality of nursing care and patient satisfaction. Studies on patient satisfaction have contributed to our understanding of how patient perceptions affect a patient's behavior.

For example, studies have shown that patients who report being more satisfied with their care are more positive, compliant, cooperative, and more likely to participate in their treatment procedures. However, there have also been critiques of the use of satisfaction as a quality measure.

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Table 1: The Patients' Satisfaction with Nursing Care

	N	Not at all satisfied (1)	Barely Satisfied (2)	Quite Satisfied (3)	Very Satisfied (4)	Completely Satisfied (5)	Average Response (6)
Nurses welcomed on admission	166	9(5.4%)	22(13.1%)	51(30.4%)	60 (35.7%)	22 (13.1%)	3.42
Nurses' approach examination	164	8(4.8%)	25(14.9%)	54(32.1%)	55(32.7%)	22(13.1%)	3.35
Patient treatment as an individual	163	10(6.0%)	29(17.3%)	46(27.4%)	52(31.0%)	26(15.5%)	3.34
Nurses willingness	164	7(4.2%)	25(14.9%)	43(25.6%)	56(33.3%)	33(19.6%)	3.51
Information provided	164	13(17.7%)	16(9.5%)	47(28.0%)	50(29.8%)	38(22.6%)	3.51
preparation for the operation	163	7(4.2%)	8(4.8%)	35(20.8%)	75(44.6%)	38(22.6%)	3.79
Pre-operative teaching	164	7(4.2%)	11(6.5%)	43(25.6%)	59(35.1%)	44(26.2%)	3.74
Respect for privacy	164	12(7.1%)	21(12.5%)	39(23.2%)	48(28.6%)	44(26.2%)	3.55
Helping with pain	164	13(7.7%)	37(22.0%)	59(35.1%)	50(29.8%)	4(2.4%)	3.83
Helping with turning in bed.	156	10(6.0%)	12(7.1%)	31(18.5%)	59(35.1%)	44(26.2%)	3.74
Helping with bed making	164	14(8.3%)	9(5.4%)	14(8.3%)	64(38.1%)	63(37.5%)	3.93
Helping with wound dressing	162	3(1.8%)	3(1.8%)	23(13.7%)	45(26.8%)	88(52.4%)	4.31

Table 1 shows the level of patient satisfaction with nursing care. This shows that the majority of respondents were quite satisfied with nursing care, with a mean response of above 3.00 (mean = >3.00).

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Most respondents 88(52.4%) were more satisfied with wound dressing with a mean response of (mean=4.31), followed by bed making (38.1%, n=64) with a mean response of (mean=3.93) (Shawa, 2012).

Table 2: Patients' Perception of Nursing Care

Patient Perceptions of Quality Nurses	Frequency	Percentage
Good	68	40.5
Fair	30	17.9
Excellent	27	16.1
Poor	19	11.3
Satisfactory	20	11.9

Table 2 shows that of the respondents, 40.5 % (n = 68) agreed that the nursing care they received during their stay in the ward was good, while 11.3% (n=19) perceived nursing care as poor (Elwin Shawa, 2012).

If satisfaction is a result of both expectations and experiences, we cannot be sure if variations in ratings from one patient to another are a result of differences in their expectations or experiences. Thus, someone with relatively low expectations may be "satisfied" with an experience of care that a person with high expectations would find totally unacceptable. This is a serious problem in today's environment; when, as often as not, we are trying to assess patients' perceptions, either to identify better performers (so we can choose or reward them) or to identify where improvements in quality are needed. Furthermore, if satisfaction is, as Crow states, an indicator simply of "acceptable" care, then how much do we learn about the quality of an enterprise when we find out that its customers are merely "satisfied" with it?

In this context, it may be important to determine the level of dissatisfaction. For example, patients may report being satisfied even if they feel that there are problems with the care that they have received. For instance, Irurita (1999) found that patients qualified their statements about the quality of their nursing care, such as "…you just had to wait. It wasn't through them being lazy, it was being pushed, busy…They need more staff, so they're not rushing off and leaving you…They can only spread themselves so far".

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In addition, many satisfaction surveys include global ratings of their patients' overall satisfaction with an experience of care, a health plan, or a provider. It appears to be cognitively (and perhaps even emotionally) difficult for some patients to give global ratings of satisfaction because their experiences of care vary over time and across different providers. This has led many survey developers to shift their attention from ratings of satisfaction to reports of experiences.

As Epstein and his colleagues note, it may be more useful to ask patients about specific time periods and experiences with their care, documenting both reports of their care and the rating, or value that patients placed on that experience.

In studies of potential users of the patient survey results, laypeople have reported that they prefer to know specific aspects of other patients' experiences, instead of their overall ratings of satisfaction, when they are choosing healthcare providers.

For instance, they want to know how long patients waited to see their doctors, rather than "how satisfied" they were with the waiting times, since their need or expectation of care may differ from another patient's need. Asking very specific questions may also minimize the subjectivity and the confounding of patient expectations and their ratings.

These studies have elicited a wide range of specific definitions offered by patients themselves. In some cases the researchers, and in other cases we ourselves, have categorized these specific definitions into several categories or dimensions and named them using terms familiar to health professionals.

The categories are patient-centered care; access; communication and information; courtesy and emotional support; technical quality; efficiency of care/organization; and structure and facilities.

Measurement of Patient Satisfaction

Measuring patient satisfaction involves both subjective and objective methods. Subjective methods include surveys, interviews, and focus groups that capture patients' perceptions and experiences. Standardized tools like the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey provide structured approaches to gathering patient feedback.

Objective measures, on the other hand, might involve analyzing waiting times, clinical outcomes, and adherence to treatment plans to indirectly infer patient satisfaction.

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Importance and Implications of Patients' Satisfaction
Patient satisfaction serves as a crucial indicator of healthcare quality and has several implications as follows:

Quality Improvement: Feedback from patient satisfaction surveys helps identify areas for improvement in healthcare delivery and patient experience.

Patient-Centered Care
Across the qualitative studies, patients defined quality through what has been termed patient-centered care.

For patients in these studies:

- quality included having their physical and emotional needs met;
- receiving individualized care;
- being involved with their care and decision-making about their care;
- having doctors, nurses, and staff who have personalized knowledge of the patient, who respect and know about the patient's health beliefs, including beliefs regarding non-Western health practices;
- who build rapport with the patient,
- show respect for the patient,
- listen to the patient, and
- anticipate the patient's needs;
- protecting patient privacy and confidentiality;
- Having nurses who act as advocates for the patient; giving equal care for all patients; and involving family and friends in the care of the patient.

Access to Needed Care
Many but not all studies also report patient concerns about access, such as having doctors, nurses, and staff who make themselves available and accessible to the patient; having access to specialists; care that is affordable; convenient places and times for visits; providers who make home visits; access to gender-concordant, professionally trained, and culturally appropriate interpreter services; access to urgent care; and having help from staff in navigating the health system.

Communication and Information
Almost all the studies reported patient interest in the quality of communication and information. This category includes open communication and information flow; providers with good interpersonal communication skills such as listening carefully and

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attentively and explaining complex technical information clearly; provision of information on clinical status, progress, prognosis, and processes of care; Provision of information on what to expect (for example, hospital routines); Prompt communication of test results; complete and accurate translations, including written prescription labels in the patient's native language; and education to facilitate patient autonomy, self-care, and health promotion.

Courtesy and Emotional Support

Patients define quality in terms of and based on the social and emotional characteristics of interactions with providers and office staff. They wanted everyone not only to be courteous, but also to show sensitivity and kindness, to be caring, and to express compassion and sympathy for the patient. It was important for them to have emotional security and feel trust in their caregivers to help reduce feelings of vulnerability and anxiety. Overall, they wanted the doctors, nurses, and staff to be friendly. It is somewhat difficult to distinguish this dimension from patient-centered care.

Efficiency of Care/Effective Organization

Patients expected care to be efficient, with coordination between the many individuals and organizations involved in their care, such as multiple providers within a hospital, between generalists and specialists, across facilities, and between their providers and their health plans. Also felt they needed care from the same providers over time, a need that is linked to their desire for aspects of patient-centered care such as personalized knowledge of the patient and the building of trust and rapport. Accurate billing, efficient referral processes, short waiting times for appointments, and ancillary settings like the pharmacy were also mentioned as a sign of an efficient organization.

Dimensions of Patient Satisfaction

Technical Quality

Patients mentioned features that can easily be related to what clinicians often refer to as the technical quality of care.

Across these studies, patients expressed a desire for technically knowledgeable, competent, and experienced providers who are well educated; provide effective treatments, accurate diagnoses, diligent and efficient services and treatment; and present themselves in a professional manner.

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Structure and Facilities
Patients evaluate the quality of the healthcare organizations' structures and facilities, including

- easy access; parking availability; safety and security in and around the facility; cleanliness and comfort; quality of food provided
- a quiet and pleasant environment; a variety of clinical services available,
- use of up-to-date technology such as computers,
- and the visibility of the care provider in the community

What Is Quality Healthcare?
Quality healthcare is more than just a popular phrase. ...Quality of care is a multidimensional concept with numerous definitions:

WHO defines quality of care as: "A process that must guarantee each patient the combination of diagnostic and therapeutic acts that will ensure the best result in terms of health, based on current medical science at the lowest cost for the same result with the lowest iatrogenic risk and for his greatest satisfaction in terms of procedure, results and human contact in the healthcare system." (Translated from French).

Similarly, the Agency for Healthcare Research and Quality (AHRQ) defines quality health care "as doing the right thing for the right patient, at the right time, in the right way to achieve the best possible results." (October, 2016).

Why is Quality of Care Important?
As calls are made for a more patient-centered healthcare system, it becomes critical to define and measure patient perceptions of healthcare quality and to understand more fully what drives those perceptions.

However, pertinent questions should be asked as regards what makes this task difficult; does it include the confusion between patient perceptions and patient satisfaction?
Is there difficulty in determining whether systematic variations in patient perceptions should be attributed to differences in expectations or actual experiences?

Our goal is to discover what patients want, need, and experience in health care, not what professionals (however well-motivated) believe they need or get. Some will grudgingly admit that patient perceptions may be important when it comes to service quality in health care, things like how easy it is to get an appointment or how politely patients are treated by the office staff. But these skeptics believe that it is important that patients get the right diagnostic and treatment services, delivered the right way, at the right time, in

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the right kind of facility, by properly trained clinicians, so that they maximize their chances of having positive health outcomes. And many patients would agree with this statement.

Jane Austen makes a critical distinction, in her novel" Sense and Sensibility", between ignorance (not knowing something) and stupidity (being incapable of learning anything). Although patients are often ignorant about some elements of what it takes to maximize healthcare quality and health outcomes they are not stupid. Knowledge about what it takes to maximize quality is not inherently incomprehensible to patients (when we as professionals know it ourselves)

A professional nurse is one who has undergone a recognized prescribed course of study and has been duly licensed by the regulatory agency in the country of training and practice as competent to provide nursing services to people who require such.

Nurses, according to the International Council of Nurses (ICN) Code of Ethics as reviewed in 2005, have four fundamental responsibilities: to promote health, to prevent illness, to restore health, and to alleviate suffering. Inherent in nursing is respect for human rights, including cultural rights, the right to life and choice, to dignity and to be treated with respect.

Quality Nursing Care refers to the best practice of nursing enjoyed by individuals, families, and communities, who are the consumers of nursing services.

The WHO, (2005), identified effectiveness, efficiency, accessibility; acceptability/patient-centeredness, equitability, and safety as dimensions that help to define quality
The standard of nursing practice anywhere in the World emerges from standards set by the International Council of Nurses (ICN); the International Confederation of Midwives (ICM); the National Policy on Health and other related policies, etc.

Principles of Quality Nursing Care
Evidence-based practices: continuing education programs, use of appropriate tools, workshops, seminars, etc aimed at ensuring that nurses are well equipped to provide the best of care to the patients.

Accessible: It is the responsibility of nurses to advocate for equity and social justice in resource allocation and access to the best health care (Rochefort and Clarke, 2010).

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Acceptable: The nurse provides accurate and timely information on care to enable the consumer to make spiritually / culturally acceptable and intelligent decisions about care. The rights of the patients should be respected and the care should be non-discriminatory and professional (ICN, 2021).

Effective & Efficient: The intents of nursing interventions are not only achieved, but achieved within the shortest possible time, and sustained at minimal cost.

At No (or Minimal Unavoidable) Risk to Patient and to others: No harm is intentionally caused to the Patient and others (other nurses and staff, relatives, etc). Standard precautionary measures are universally observed, while specific precautions are adequately taken where necessary.

No Threat to Relational Coordination: The patient is the focus of care. Relationship between nurses and significant others remains cordial in the interest of the patient/client. Intra / inter-professional wrangling is not allowed to jeopardize care.

Patient / Client Reports Satisfaction: Patient satisfaction is fundamental (Otani, et.al, 2011). Patients should express satisfaction with the intelligence, attitude, and technical ability of the professional nurse. She should be able to describe the nurse as respectful, responsive, compassionate, trustworthy, and honest (ICN, 2021).

Patient's Expectations

A Patient's perceptions regarding nursing care is one of the predictors of consumers' satisfaction with nursing care provided while patients' expectations are the characteristics that the patients expect from nurses as they provide nursing care to them. If these expectations are met patients are able to appreciate the quality of nursing care they have received.

- The expectations under study were; that patients expected nurses to be kind, cheerful, responsive, honest, and friendly, and not to be harsh and rude.
- Other expectations were that they expected nurses to be knowledgeable and competent, communicate to patients about nursing care, inform and explain treatment, medication, and procedures to patients, and orient the patients to the ward environment and regulations.

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Conclusion

Nurses are the ones with the most frequent, direct patient interaction, acting as liaisons between Doctors and patients and leaving lasting impressions. Hence, should be conscious of our responsibility for the quality of provision of care to the patients, the institution, ethics, laws, and professional standards, as well as of how its performance contributes to the evaluation of care and the patient's satisfaction.

In that sense, listening to what the patients have to say about the care they receive and about their satisfaction can be a chance to construct an outcome indicator, which provides the managers with some courses to decide on transformations and innovations.

Patient satisfaction is a fundamental measure of healthcare quality that reflects the alignment between patient expectations and their healthcare experience. This study has highlighted the intricate web of factors that contribute to patient satisfaction with nursing care, including patient-related, nurse-related, and facility-related elements. Effective communication emerges as a cornerstone of patient satisfaction, underlining the significance of clear, empathetic, and personalized interactions between nurses and patients. The study emphasizes that nurses play a pivotal role in ensuring positive patient experiences by fostering therapeutic relationships, active listening, and respectful communication. As healthcare systems evolve, the findings underscore the need for continuous education and training of nurses to enhance their communication skills and patient-centered care approaches. Ultimately, this study reinforces the importance of patient satisfaction not only as a measure of quality but also as a driving force for the continuous improvement of nursing care practices and healthcare services as a whole.

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